

Case Number:	CM13-0071549		
Date Assigned:	01/08/2014	Date of Injury:	06/05/2008
Decision Date:	04/21/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 40 year old male who was injured on 06/05/2008. He was rolling the dolly out of a truck. He was pulling the dolly when it released and he fell. He had immediate low back pain and right lower extremity symptoms. Prior treatment history has included two lumbar epidural steroid injections which provided temporary relief and medications physical therapy, chiropractic therapy on the right at L5 and S1 in mid February 2013 and fails to demonstrate any significant improvement. The patient underwent L4-5 level, post-operative decompression and fusion on 01/10/2012. Diagnostic studies reviewed include CT scan of the lumbar spine performed on 09/17/2012 revealed posterior decompression and fusion L4-5; fusion is not yet definitely solid; little to no adjacent segment disease; L4-5 with facetectomy, the right neural foramen has been opened up and there is no residual stenosis. There is low level left sided foraminal narrowing residual after surgery but this is not concordant with the patient's presentation. MRI of the left ankle performed on 03/05/2013 revealed: 1. Marked talar edema is noted centrally and anteriorly; minimal mid-foot degenerative change and edema is seen as well 2. Sequelae of anterior talofibular ligament sprain/partial tear 3. Peroneal and posterior tibial tenosynovitis with tibialis anterior tendinosis and tenosynovitis suggested and with mild to moderate Achilles tendinosis with retrocalcaneal bursitis and pre-Achilles soft tissue edema 4. Plantar fascial calcaneal spur is seen with edema and thickening of the plantar fascia suggestive of plantar fasciitis in the appropriate clinical setting 5. Tibiotalar joint effusion with synovitis is present with marked subcutaneous soft tissue edema noted. Electrodiagnostic of the spine performed on 09/11/2012 revealed: 1. An abnormal study 2. The electrodiagnostic study reveals evidence of chronic right L5/S1 radiculopathy 3. There is no electrodiagnostic evidence of focal nerve entrapment or generalized peripheral neuropathy affecting the lower limbs. PR2 dated 11/25/2013 documented the patient to have a chief complaint of low back pain and right lower

extremity pain. Objective findings revealed the patient was alert and oriented times three in no acute distress. Low back examination revealed tenderness to palpation over the lumbar paraspinal muscles. There was a midline scar; facet loading was positive on the right. There was limited range of motion during forward flexion and extension of the lumbar spine. There was decreased sensation right L4, L5, and S1 dermatomes to light touch and pinprick. There was decreased strength 4+/5 right lower extremity, plantar dorsiflexion at the ankle as well as EHL, and flexion and extension at the knee. Clinic note dated 11/18/2013 documented the patient to have complaints of back pain radiating diffusely throughout the right lower extremity with spasm in the back and leg. He still had episodes of urinary incontinence, but no bowel function problems, and he persisted with erectile dysfunction. Regarding the left foot or ankle, he described some local pain and swelling. Objective findings on exam revealed the patient was looking somewhat uncomfortable, leaning heavily on a cane; when standing, his back is erect. There were no leg length or leg favoritism abnormalities noted. He tends to flex forward somewhat and has difficulty arising to a fully erect position. Flexion of the thoracolumbar area was recorded with an inclinometer, noting 25 degrees forward flexion, 5 degrees extension; however, he is unable to repeat this consistently and therefore such measurements are considered invalid. Straight leg raising is tolerated right 60 degrees with some modest sciatic like complaints, left 80 degrees without difficulty. At the above extremes, sciatic stretch testing on the right is positive for reproducing sciatic like complaint, negative on the left. Sensation is diminished in the right lower extremity, most significantly in the lateral foot when compared with elsewhere. Motor power is also somewhat reduced on the right side in the extensor muscles to the foot and toes. The left side measure satisfactorily; reflexes are intact at the knee and ankle levels, symmetric bilaterally. The left foot is somewhat tender dorsally about the anterior ankle and top of the foot, also anterolaterally. There is no bruising or swelling; motion is normal and no instability is detected. Psychiatric Agree Medical note dated 07/10/2013 indicated the patient was seen on 06/30/2013 and stated that given the patient's developmental experience, one might predict major emotional sequelae after a substantial disabling injury and that is in fact precisely the case here. The patient was temporarily disabled on a psychiatric basis. He should be offered psychotherapy. He should be offered psychotherapy. He should be offered psychopharmacologic management.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Trial of spinal cord stimulation with 2 leads: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation, Cervical Region, Page(s): 101 107.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Pain Chapter.

Decision rationale: The medical records document the patient underwent lumbar spinal fusion surgery in January 2012. However, the medical records do not establish that all required criteria have been met, in regards to consideration for a spinal cord stimulator trial. The medical records do not establish exhaustion or inadequate response to non-interventional care, such as neuroleptic agents, analgesics, physical therapy/exercise and injections. Also, psychological clearance has not been obtained. Spinal cord stimulator should only be considered as a last

option, when all other interventions have been exhausted. The medical records do not establish this patient is a candidate for spinal cord stimulator trial.

150 Hydrocodone/APAP 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID)'s. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The medical records do not provide adequate details in regards to the patient's medication use and response to treatment. The medical records do not include the patient's current pain levels with and without medication and list all the medications he is currently taking. The medical records do not establish this patient has obtained clinically significant improved functioning and pain as result of hydrocodone. In absence of clear documentation substantiating benefit with medication, the request for 150 hydrocodone APAP10/325mg has not been established.

90 Robaxin 750mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants- non-steroidal anti-inflammatory drugs (NSAID)'s.. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 63.

Decision rationale: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The medical records do not demonstrate the presence of muscle spasm on examination. In addition, the medical records do not document subjective complaints and examination findings that correlate to the existence of an acute exacerbation of his patient's chronic low back condition. In the absence of supportive findings, the medical necessity of 90 Robaxin750mg has not been established.

